



FH  
[REDACTED]

**STATE OF WISCONSIN**  
**Division of Hearings and Appeals**

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In the Matter of

[REDACTED]  
[REDACTED]  
[REDACTED]

DECISION

MGE/148939

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**PRELIMINARY RECITALS**

Pursuant to a petition filed April 22, 2013, under Wis. Stat. § 49.45(5), and Wis. Admin. Code § HA 3.03(1), to review a decision by the Washington County Department of Social Services in regard to Medical Assistance, a hearing was held on May 23, 2013, at West Bend, Wisconsin.

The issue for determination is whether the agency properly notified the Petitioner that his MA deductible was met and whether the deductible period may be modified.

There appeared at that time and place the following persons:

**PARTIES IN INTEREST:**

Petitioner:

[REDACTED]  
[REDACTED]  
[REDACTED]

Respondent:

Department of Health Services  
1 West Wilson Street  
Madison, Wisconsin 53703

By: Kenneth Benedum  
Washington County Department of Social Services  
333 E. Washington Street  
Suite 3100  
West Bend, WI 53095

**ADMINISTRATIVE LAW JUDGE:**

Debra Bursinger  
Division of Hearings and Appeals

**FINDINGS OF FACT**

1. Petitioner (CARES # [REDACTED]) is a resident of Washington County.
2. Petitioner was found eligible for Medicaid with a begin date of January 1, 2013. The end date for the period was June 30, 2013. His medical deductible was calculated as \$9,487.98.

3. On March 11, 2013 and April 5, 2013, the Petitioner submitted medical expenses to the agency to apply toward his deductible. Upon initial review of the information, the agency found the Petitioner did not meet the deductible.
4. On April 12, 2013, the Petitioner's wife contacted the agency to determine the status of the deductible. On April 15, 2013, the agency conducted a second review of the medical bills and determined the Petitioner met the medical deductible on March 20, 2013.
5. On April 16, 2013, the agency issued a Notice of Decision informing the Petitioner that he was covered by Medicaid because he met the deductible on March 20, 2013. It further indicated he was covered for the remainder of the deductible period or until June 30, 2013.
6. On April 22, 2013, the Petitioner filed an appeal with the Division of Hearings and Appeals.

### **DISCUSSION**

When a person's income is over the MA limit, an MA deductible, also known as a spend-down, must be met before eligibility begins. Wis. Stat., §49.47(4)(c)2; Wis. Adm. Code, §DHS 103.08(2)(a); MA Handbook, App. 24.2. An MA deductible is calculated for a six-month period. When that period ends, a new deductible is then established for the next six months. Adm. Code, §DHS 103.08(2)(c); MA Handbook, App. 24.3. To obtain MA during the deductible period, the client must submit to the economic support worker copies of medical bills incurred. MA eligibility begins as of the date that the incurred bills meet the deductible amount.

The only provision in the Handbook regarding changing a certification period for a deductible states as follows:

An individual can establish a new deductible period at any time if they file an application for Medicaid. This includes situations where someone has already established a deductible period, hasn't yet met the deductible, and wishes to establish a new deductible period. This will usually occur as a result of a recent decrease in their monthly income.

Medicaid Eligibility Handbook (MEH) § 24.3.

In this case, the Petitioner does not dispute the amount of the deductible. There is no dispute that the Petitioner met the deductible on March 20, 2013 and was covered by MA as of that date. The Petitioner's dispute is that he was not notified of the coverage until April 16, 2013. The medical bills that were applied to the Petitioner's deductible were submitted to the agency on March 11, 2013 and on April 5, 2013. The agency testified that the initial review of the Petitioner's medical bills did not result in a finding that the deductible had been met. On April 12, 2013, the Petitioner's wife contacted the agency and requested that the agency review the bills again. The agency reviewed the case on April 15, 2013 and found that the Petitioner had met the deductible as of March 20, 2013.

The Petitioner requests that the certification period be changed because there was a delay in notification of his MA coverage. The Petitioner asserts that he "lost" a month of coverage due to the agency's delay in notifying him that he met his deductible. He asserts that he might have been able to utilize medical services if he had known he had coverage.

The actual time it took the agency to review his medical bills was 10 days from the date the Petitioner submitted the medical bills which resulted in him meeting his deductible. There is no requirement in the MA Handbook with regard to the time within which the agency must make such a determination. I find that 10 days is a reasonable amount of time. The Petitioner's assertion that he might have utilized some MA services within that 10 day period of time had he known he was covered is a hypothetical. The fact is that if he had obtained services after March 20, 2013, they would have been covered.

The provision noted above regarding changing a deductible period does not apply here because the Petitioner has met the deductible.

The Petitioner requests a form of equitable relief which an administrative law judge cannot grant. Even if I was authorized to provide equitable relief, I would not find that it is warranted in this case.

### **CONCLUSIONS OF LAW**

The agency properly determined the Petitioner met his MA deductible and timely notified the Petitioner of MA coverage. There is no basis for changing the certification period.

**THEREFORE, it is**

### **ORDERED**

That the petition be, and hereby is, dismissed.

### **REQUEST FOR A REHEARING**

This is a final administrative decision. If you think this decision is based on a serious mistake in the facts or the law, you may request a rehearing. You may also ask for a rehearing if you have found new evidence which would change the decision. Your request must explain what mistake the Administrative Law Judge made and why it is important or you must describe your new evidence and tell why you did not have it at your first hearing. If you do not explain these things, your request will have to be denied.

To ask for a rehearing, send a written request to the Division of Hearings and Appeals, P.O. Box 7875, Madison, WI 53707-7875. Send a copy of your request to the other people named in this decision as "PARTIES IN INTEREST." Your request for a rehearing must be received no later than 20 days after the date of the decision. Late requests cannot be granted.

The process for asking for a rehearing is in Wis. Stat. § 227.49. A copy of the statutes can be found at your local library or courthouse.

### **APPEAL TO COURT**

You may also appeal this decision to Circuit Court in the county where you live. Appeals must be served and filed with the appropriate court no more than 30 days after the date of this hearing decision (or 30 days after a denial of rehearing, if you ask for one).

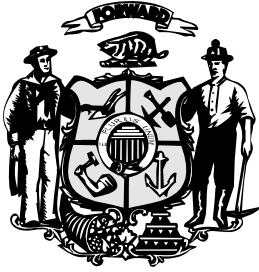
For purposes of appeal to circuit court, the Respondent in this matter is the Department of Health Services. After filing the appeal with the appropriate court, it must be served on the Secretary of that Department, either personally or by certified mail. The address of the Department is: 1 West Wilson Street, Madison, Wisconsin 53703. A copy should also be sent to the Division of Hearings and Appeals, 5005 University Avenue, Suite 201, Madison, WI 53705-5400.

The appeal must also be served on the other "PARTIES IN INTEREST" named in this decision. The process for appeals to the Circuit Court is in Wis. Stat. §§ 227.52 and 227.53.

Given under my hand at the City of Milwaukee,  
Wisconsin, this 9th day of July, 2013

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\sDebra Bursinger  
Administrative Law Judge  
Division of Hearings and Appeals



**State of Wisconsin\DIVISION OF HEARINGS AND APPEALS**

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The preceding decision was sent to the following parties on July 9, 2013.

Washington County Department of Social Services  
Division of Health Care Access and Accountability